

STRICTLY CONFIDENTIAL
THESIS: NOMINATION OF EXAMINERS

TO: Head, School/Discipline of _____
FROM: Graduate Centre
DATE: _____
SUBJECT: NOMINATION OF EXAMINERS

The student whose name appears overleaf has notified me of his/her intention to submit his/her thesis on _____

Please read the following information and return the completed form to the Adelaide Graduate Centre as soon as possible (by the date of submission at the very latest).

1. Principal Supervisor and School/Discipline's Confirmation and Endorsement

Under current policy, before a thesis can be accepted for examination, the principal supervisor is required to certify (on the "Certification of Thesis for Examination" form) that s/he is satisfied with the technical presentation of the thesis, and it is, *prima facie*, worthy of examination. The Head of School/Discipline is required to endorse the Principal Supervisor's certification.

In the case of a lapsed candidature the Head of School/Discipline also endorses the Principal Supervisor's certification that the completed thesis has not departed from the field of study which was being pursued prior to the candidature lapse date.

2. Nomination of Examiners

Please indicate on the reverse side of this memo, the **FULL** names and addresses (including e-mail & fax number, if available) of at least four examiners in order of preference. Note that if any of the nominated examiners are from overseas, a street address is required, as couriers are unable to deliver parcels to a P O Box.

3. Examiner Eligibility

- In the case of a PhD examination, all examiners must be external to this University, ie staff members and titleholders are ineligible. In the case of a Masters examination, at least one examiner must be external to this University.
- Nominated examiners **MUST NOT** be from the same institution.
- At least one examiner should be employed by a tertiary institution.
- If any nominated examiners are **NOT** employed by a tertiary institution, please provide information (in the "Comments" box overleaf) about their current employment; research experience; experience as an examiner of *PhD/*Masters theses; and experience as a supervisor of *PhD/*Masters candidates.
- If none of the nominated examiners are employed by a tertiary institution, the names (and supporting information) shall be considered by the relevant Higher Degrees Committee. The recommendation of the Higher Degrees Committee, together with all supporting information shall then be forwarded to the Research Education and Development Committee (REDC) for consideration and final decision.

4. Objection to Nomination of Particular Examiner(s)

(The following statement is applicable only when "ticked".)

The student has informed me that he/she objects to the appointment of _____

Please provide reasons (on a separate sheet of paper) for your choice of examiners where your choice conflicts with the student's objection.

5. Appointment of Examiners

In order to decrease the turnaround time of the examination process, you are encouraged to make contact (preferably by e-mail, telephone or fax) with the proposed examiners in order to obtain their agreement to examine the thesis. If you have obtained their agreement, please indicate this in the "Comments" box overleaf.

In the interests of maintaining the confidentiality of examiners and protecting the integrity of the examination process, examiners' names must not be released to the candidate before the completion of the examination process (ie. until the Research Education Development Committee has approved the result of the examination). Should an examiner indicate that he/she wishes to remain anonymous, his/her identity must never be revealed to the candidate. Similarly, potential examiners details should not be made available to other examiners. **Please note that other than organising examiners, supervisors/schools/disciplines are not to have any contact with them. Any correspondence or enquiries considered essential to the examination must be made via the Dean of Graduate Studies, by telephone (8303 6911) or e-mail (richard.russell@adelaide.edu.au). FAILURE TO ABIDE BY THIS REQUEST WILL AUTOMATICALLY LEAD TO CANCELLATION OF THE EXAMINATION PROCESS.**

Thank you for your cooperation.

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Student Name: _____ EmplID: _____

School/Discipline: _____ Program: _____

In consultation with the supervisor(s), I nominate the following examiners in order of preference. **Please note that if the thesis is required to be sent to a third examiner, the services of the reserve(s) listed on this form will be utilized.**

Examiner's name: A minimum of THREE examiners names MUST be supplied (Including first and middle names for Australian examiners for tax purposes)
Address: (Including tel. & fax. nos. & e-mail addresses. If the nominated examiner is from overseas, please provide a street address to facilitate courier delivery.)
Comments: (Current policy allows examiners 4 weeks to examine the thesis. If more time is required, please specify below.)

Examiner 1

Title: _____ Given Names: _____ Family Name: _____

Mailing Address: Please supply as many of the following details of the PHYSICAL location of the delivery address as possible, as the courier can NOT deliver to a PO Box or Private Mail Bag. If a PO Box or Private Mail Bag is supplied this WILL delay the examination process

Address 1: _____

Address 2: _____

Address 3: _____

Address 4: _____

City/suburb: _____ Post Code: _____ State: _____

County/District: _____ Country: _____

Work Phone: _____ Fax Phone: _____ Mobile Phone: _____

Email: _____

Examiner Invited: if the NO box is ticked, the Graduate Centre will issue a formal invitation

This person has agreed to examine the thesis: YES NO

Thesis Delivery Method: ALL address details must still be recorded on this form even if the examiner is receiving an electronic thesis

Please send a electronic copy of the thesis Please send a printed copy of the thesis

Comments:

Examiner 2

Title: _____ Given Names: _____ Family Name: _____

Mailing Address: Please supply as many of the following details of the PHYSICAL location of the delivery address as possible, as the courier can NOT deliver to a PO Box or Private Mail Bag. If a PO Box or Private Mail Bag is supplied this WILL delay the examination process

Address 1: _____

Address 2: _____

Address 3: _____

Address 4: _____

City/suburb: _____ Post Code: _____ State: _____

County/District: _____ Country: _____

Work Phone: _____ Fax Phone: _____ Mobile Phone: _____

Email: _____

Examiner Invited: if the NO box is ticked, the Graduate Centre will issue a formal invitation

This person has agreed to examine the thesis: YES NO

Thesis Delivery Method: ALL address details must still be recorded on this form even if the examiner is receiving an electronic thesis

Please send a electronic copy of the thesis Please send a printed copy of the thesis

Comments:

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Examiner's name: A minimum of THREE examiners names MUST be supplied (Including first and middle names for Australian examiners for tax purposes)
Address: (Including tel. & fax. nos. & e-mail addresses. If the nominated examiner is from overseas, please provide a street address to facilitate courier delivery.)
Comments: (Current policy allows examiners 4 weeks to examine the thesis. If more time is required, please specify below.)

Reserve Examiner 1

Title: _____ Given Names: _____ Family Name: _____

Mailing Address: Please supply as many of the following details of the PHYSICAL location of the delivery address as possible, as the courier can NOT deliver to a PO Box or Private Mail Bag. If a PO Box or Private Mail Bag is supplied this WILL delay the examination process

Address 1: _____

Address 2: _____

Address 3: _____

Address 4: _____

City/suburb: _____ Post Code: _____ State: _____

County/District: _____ Country: _____

Work Phone: _____ Fax Phone: _____ Mobile Phone: _____

Email: _____

Examiner Invited: if the NO box is ticked, the Graduate Centre will issue a formal invitation

This person has agreed to examine the thesis: YES NO

Thesis Delivery Method: ALL address details must still be recorded on this form even if the examiner is receiving an electronic thesis

Please send a electronic copy of the thesis Please send a printed copy of the thesis

Comments:

Reserve Examiner 2

Title: _____ Given Names: _____ Family Name: _____

Mailing Address: Please supply as many of the following details of the PHYSICAL location of the delivery address as possible, as the courier can NOT deliver to a PO Box or Private Mail Bag. If a PO Box or Private Mail Bag is supplied this WILL delay the examination process

Address 1: _____

Address 2: _____

Address 3: _____

Address 4: _____

City/suburb: _____ Post Code: _____ State: _____

County/District: _____ Country: _____

Work Phone: _____ Fax Phone: _____ Mobile Phone: _____

Email: _____

Examiner Invited: if the NO box is ticked, the Graduate Centre will issue a formal invitation

This person has agreed to examine the thesis: YES NO

Thesis Delivery Method: ALL address details must still be recorded on this form even if the examiner is receiving an electronic thesis

Please send a electronic copy of the thesis Please send a printed copy of the thesis

Comments:

I certify that the nominated examiners are eligible to examine the candidate's thesis, according to the criteria specified on page 1:

Name of Head of School/Discipline or PGC

Signature

Date

OFFICE USE ONLY

Examiner details entered onto system YES

Date: _____